

## SPECIAL NEEDS SCHOLARSHIP – PARENT APPLICATION (2010-2011)

### Part A. General Information (to be completed by the student's parent or guardian)

Name of Parent/Guardian:		Student Name:	
Address:		City:	State      ZIP
School District of Residence:	School attended in 2009-10:	<input type="checkbox"/> Public <input type="checkbox"/> Private	Student Birth Date: ____/____/____
Parent Contact Phone #    Home (    )                      Work (    )                      Cell (    )			
Parent email:			
Name of Eligible Private School:		Student Grade Level During 2010-11:	

### Part B. Eligibility (to be completed by the student's parent or guardian)

Review the eligibility requirements in the instructions. This section is a checklist of the information needed to determine scholarship eligibility and amount. Refer to the application instructions for a list of acceptable proof and documentation for each item.

- ☐ I have attached proof of Utah residency (photocopy of Driver License or utility bill).
- ☐ I have attached proof of student age (photocopy of birth certificate or Utah Identification Card).
- ☐ I have attached a documentation of enrollment in or admission to an eligible private school.

### Part C. Acknowledgment and Authorization (to be completed by the student's parent or guardian)


Utah Code Sec. 53A-1a-704(5)(a) requires that the following statement be acknowledged by applicants:

I acknowledge that:



1. A private school may not provide the same level of special education services that are provided in a public school;
2. I will assume full financial responsibility for the education of my scholarship student if I accept this scholarship;
3. Acceptance of this scholarship has the same effect as a parental refusal to consent to services pursuant to Section 614(a)(1) of the Individuals with Disabilities Education Act, 20 U.S.C. Sec. 1400 et seq.; and
4. My child may return to a public school at any time.

I authorize \_\_\_\_\_ (name of school district) and \_\_\_\_\_ (name of private school) to provide all necessary information to the Utah State Office of Education in order to process this Special Needs Scholarship application.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

 **PARENTS:** Submit this application to the Special Education Department of the public school district or charter school where your student is currently enrolled or was enrolled in 2009-2010. If your student has not attended public school during that time, submit the application to the public school district in which the private school is geographically located.

### Part D. School District or Charter School Section (to be completed and signed by school district or charter school personnel)

1. The student was enrolled in public school in this district/charter school during the 2009-2010 school year, or is currently enrolled in this district.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If the answer to #1 is no, STOP and sign.</b> 		
2. The student has a qualifying IDEA disability and a current IEP.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If the answer to #2 is no, STOP and sign.</b> 		
3. The average amount (in minutes per day) of special education and related services as determined by the most recent IEP is:	180 or more <input type="checkbox"/>	Less than 180 <input type="checkbox"/>
District Signature: _____ Date: _____		
(Please print) Name: _____ District/Charter School Position: _____		

**SCHOOL DISTRICT:** After completing Part D, sign and mail the application with all attached materials to:  
Utah State Office of Education, Attn: Barbara Bickmore, PO Box 144200, Salt Lake City, UT 84114-4200